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## Transfer Form

*(For transfers between TrustIndiana accounts)*

Today's Date:        /        /

Transaction #: \_\_\_\_\_  
*(for TrustIndiana use)*

Transaction Date:        /        /

Name of Public Entity: \_\_\_\_\_

### Transfer FROM:

\_\_\_\_\_  
*(Name of TrustIndiana Account)*

TrustIndiana Account #: \_\_\_\_\_

Amount of Transfer:        \$ \_\_\_\_\_

\_\_\_\_\_  
DOLLARS

### Transfer TO:

\_\_\_\_\_  
*(Name of TrustIndiana Account)*

TrustIndiana Account #: \_\_\_\_\_

Authorized Signatory:        X \_\_\_\_\_  
*(Sign here)*

Verification of Available Funds:        \_\_\_\_\_        \_\_\_\_\_  
*(For TrustIndiana use)*                      Yes                      No

**Please fax this form to TrustIndiana Client Services at 800-765-7600.**